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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	SNDK.229US3
	First Named Inventor or Application Identifier	Mokhlesi
	Title	Compressed Event Counting Technique and Application to a Flash Memory System
	Express Mail Label No.	EV 321716369 US
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> (Submit an original, and a duplicate for fee processing) 2. Application: <input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling _____ pages) Appendix(ces) _____, & _____ (30 pages) <input checked="" type="checkbox"/> Claim(s) 3 pages <input checked="" type="checkbox"/> Abstract of the Disclosure 1 page 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>4</u> ] 4. Oath or Declaration <input type="checkbox"/> unsigned [Total Pages _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of _____ pages of microfiche containing _____ frames on each page in accompanying envelope. 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b> 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) _____ pages 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney (combined when there is an _____ with Patent Declaration Assignee) above.) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS) ( _____ pages) <input type="checkbox"/> _____ Copies of IDS Citations/References & <input type="checkbox"/> PTO Form 1449 ( _____ page) 12. <input type="checkbox"/> Preliminary Amendment _____ pages 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed _____ pages <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed. 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other: <input type="checkbox"/> Copy of Petition for Extension of Time filed in parent appln.; <input type="checkbox"/>
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. <u>10/033,222</u> Filed on <u>December 27, 2001</u> , entitled: <u>Compressed Event Counting Technique and Application to a Flash Memory System.</u> PRIOR APPLICATION INFORMATION: <u>Examiner David Lam</u> <u>Group Art Unit</u> <u>2818</u>		
<b>18. CORRESPONDENCE ADDRESS</b>  <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Customer Number or Bar Code Label</span> <span>or <input checked="" type="checkbox"/> Correspondence address below</span> </div> <div style="text-align: center; font-size: 1.5em; margin: 10px 0;">36257</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Name <b>Michael G. Cleveland</b>            Attorneys for Applicant <b>Parsons Hsue &amp; de Runtz LLP</b>            Address <b>655 Montgomery Street, Suite 1800</b>            City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94111</b>            Country: <b>United States</b> Telephone <b>(415) 318-1160</b> Fax <b>(415) 693-0194</b> </div> <div style="width: 45%; text-align: right;">           Reg. No. 46,030         </div> </div>		

 22387 U.S. PTO  
 10/656658  
 09/04/03



## 19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
9	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	0	x	\$18	=	\$ 0.00
3	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	0	x	\$84	=	\$ 0.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))				+	\$280.00	=	
BASIC FEE (37 CFR 1.16(a))								= \$ 750.00
Total of above Calculations								= \$750.00
Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).								=
TOTAL								= \$750.00

## 20. FEES:

☒ A check is enclosed for \$750.00

The Commissioner is hereby authorized to credit overpayments or charge the following fees or any additional fees required to Deposit Account No. 502664:

- a. ☒ Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)  
 b. ☒ Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)  
 c. ☒ Fees required under 37 CFR 1.18. (Patent Issue Fees)

21. ☐ Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

## 22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>36257</b>				<input checked="" type="checkbox"/> New correspondence address below
NAME	Michael G. Cleveland, Parsons Hsue & de Runtz LLP				
ADDRESS	655 Montgomery Street, Suite 1800				
CITY	San Francisco	STATE	California	ZIP CODE	94111
COUNTRY	U.S.A.	TELEPHONE	(415) 318-1160	FAX	(415) 693-0194

## 23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Parsons Hsue & de Runtz LLP 655 Montgomery Street, Suite 1800 San Francisco, CA 94111 Tel. (415) 318-1160 Fax. (415) 693-0194	
Date:	September 4, 2003
Name	Michael G. Cleveland Reg. No. 46,030
Signature	
Express Mail Label No.	EV 321716369 US